

Local Traffic Crash Report

Local Report Number 2017-121767

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 4	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
--------------	--	---	--

In County Of Clermont	• Within corporate limits of (if not, file with correct agency):	Date of Crash M 11 D 4 Y 17	Day SAT	Time 1750	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
---------------------------------	--	---	-------------------	---------------------	--

Crash Occurred On SR 132	Within The Intersection Of
------------------------------------	----------------------------

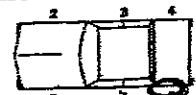
If Not In Intersection	N Miles _____ Feet _____	E OF 3424	(List Nearest Intersecting Street, Milepost, House No.)
------------------------	-----------------------------	---------------------	---

A Unit No. 1	No. Of Occupants 11	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Progressive 40722409
---------------------	----------------------------	--	---

Driver - Pedestrian Name (Last, First, MI) ANDERSON, Brian	Address (No., Street, State, Zip Code) 6841 Main St #7 Cln OH 45244
--	---

Birth Date M 11 D 11 Y 64 52	Age 52	Sex M	State OH	Drivers License No. RQ175904	Occupation
--	------------------	-----------------	--------------------	--	------------

Owner (If Same As Driver, Write Same) Same	Address	Phone
--	---------	-------


Veh. Year 2012	Make FORD	Model Focus	Color White	Style 4DR	State OH	License Plate No. GC24646	Towing Service	Veh/Ped Dir From W To E
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire				

B Unit No. 2	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Progressive 915643729
---------------------	---------------------------	--	--

Driver - Pedestrian Name (Last, First, MI) Lewis, Joseph A	Address (No., Street, State, Zip Code) 2843 Bolender Rd Felicity OH 45120
--	---

Birth Date M 3 D 12 Y 59 58	Age 58	Sex M	State OH	Drivers License No. RT103399	Occupation
---------------------------------------	------------------	-----------------	--------------------	--	------------

Owner (If Same As Driver, Write Same) Same	Address	Phone
--	---------	-------

Veh. Year 1996	Make Honda	Model Civic	Color Blue	Style	State OH	License Plate No. HDW6848	Towing Service	Veh/Ped Dir From N To S
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire				

Driver - Pedestrian - Vehicle Section

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
C											
D											
E											
F											
G											
H											
I											

P-PEDESTRIAN

Restraints

A	B	C	D	E	F

1 Not Used
2 None Available
3 Lap Belt Used
4 Lap/Shoulder Belt Used
5 Shoulder Belt Used
6 Child Safety Seat
7 Air Bag Used
8 Use Not Reported

Ejection

A	B	C	D	E	F

1 Not Ejected
2 Partial
3 Total
4 Trapped inside Vehicle

Occupant Section

Date Report Filed M 11 D 4 Y 17	Desk Officer's Name & Badge # Det. W BREWER #2055
---	---

Local Report Number: 2017-121767
 Describe What Happened Refer To Units By Number

Unit #1 was pulling through the parking lot of 3424 SR 132. Unit #2 was backing out of parking spot. Unit #2 struck Unit #1 in the rear driver side door

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	Special Area 1 Road Construction/Maintenance Area 2 School Zone	First Handful Event 3 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle One MV In Transport (Collision) 7 Performed 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	Location 8 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	SR 132 3424 [Diagram showing vehicle positions and directions]
--	---	---	---	---	--	---	--	--

Type of Unit	# 1	A 3	B 3	Pre-Crash Actions	A 1	B 10	Contributing Factor	A 1	B 15
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size	Bus 16 School Bus 17 Church 18 Public	Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue	Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Feeder 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Backing/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Walking in Road (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AGDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drive Off Road 17 Reason Unknown 17 Other Driver Error	Non-Driver Factor 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions	Vehicle Defects Code & Contributing Factor is 18 Primary A B Secondary A B
Speed	Motorcycle Helmet Use	Traffic Control		Fixed Object Struck		Truck Load		Truck Axes	
Unit Estimated Legal	Unit Driver Pass	A B	A B	A B	A B	A B	A B	A B	A B
A 5	A								
B 3	B								
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet	14 No Controls 15 Crosswalk Lines 16 Water/Don't Walk Device		1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object		1 Empty 2 Perishable Goods 3 General Freight 4 Metal-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material		1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects	